PRV – Call Center Service Limitations

Purpose:

The objective of this procedure is to assist the Customer Service Representative (CSR) in determining a specific member's service limitations.

This procedure determines specific limitations in a Medicaid Member's benefits. Vision, Dental, and Hearing Aid coverage is date specific and the information must be accurate when given to the provider.

Identification of Roles:

Lead, Trainer, Quality Assurance (QA) Coordinator, Supervisor, Management.

Performance Standards:

80% service level, abandon rate, calls answered, calls received, average queue time (AQT).

Path of Business Procedure:

Step 1: Incoming Call

Step 2: Verification of Provider (Enter into OnBase WorkView)

- a. Verify National Provider Identifier (NPI) number
- b. Obtain contact name
- c. Obtain contact phone number

Step 3: Determine Reason for Call

- a. Claim Status
- b. Eligibility
- c. Service Limits
- d. MediPASS
- e. Inquiry
- f. Consumer-Directed Attendant Care (CDAC)

Step 4: Service Limitation Call

- a. Provider is seeking patient's history of a particular service
- b. If not a service limitation call, go back to Step 3 and determine the reason for the call and follow appropriate procedure

Step 5: Obtain member information in the Medicaid Management Information System (MMIS)

- a. Member Identification (ID) number
- b. Date of Service (DOS)

c. National Provider Identifier (NPI) number or Provider ID number

Step 6: Is provider seeking vision limitation?

- a. If yes, go to step 7
- b. If no, go to step 8

Step 7: Vision limitation

- a. Check to make sure member is eligible for Medicaid. (Refer to Eligibility-Process)
- b. Look at the age of the patient to ensure correct limits are given
- c. Verify if the member has Medicare
- d. Verify if the member has Third Party Liability (TPL) type 20 (refer to appendix)
 - 1. Place an "I " in the Action Code under TPL Resource File
 - 2. Enter Recipient Identification (ID)
 - 3. Look at the coverage dates to coincide with the DOS
 - 4. Determine if the member has TPL coverage
- e. If the member lives in Butler, Blackhawk, Bremer, or Grundy County-Contact Medicaid
- f. Check service limits in file 10 of MMIS, go to step 10
 - 1. Place an "I" in the Action Code under Recipient Service Limitations
 - 2. Enter Recipient ID
 - a. Check to see if the member has had frames, lenses or exam.
 - b. Check dates and follow rules in appendix

Step 8: Dental?

- a. If yes, go to Step 9
- b. If no, go to Step 10

Step 9: Provider is seeking dental limitations, then

- a. Check to make sure the member is eligible for Medicaid (Refer to Eligibility call flow)
- b. Look at the age of the patient to ensure correct limits are given
- c. Verify if the member has TPL type 15 (refer to appendix 10.5)
 - 1. place an "I" in the Action Code under TPL Resource File
 - 2. Enter Recipient ID
 - 3. Look at the coverage dates to coincide with the DOS
 - 4. Determine if the member has TPL coverage
- d. Check service limits in file 10 of MMIS, go to step 10

Step 10: Hearing aid?

- a. If yes, go to Step 11
- b. If no, go to Step 12

Step 11: Provider is seeking hearing aid limitations

- a. Check to make sure the member is eligible for Medicaid (Refer to Eligibility call flow)
- b. Verify if the member has Medicare
 - 1. Place an "I " in the Action Code under TPL Resource File
 - 2. Enter Recipient ID

- 3. Look at the coverage dates to coincide with the Date of Service (DOS)
- 4. Determine if the member has TPL coverage
- c. Check service limits in file 10 of MMIS, go to step 10

Step 12: Provider is seeking Dental History.

- a. If yes, go to step 13.
- b. If no, go back to step 3 to determine reason for call

Step 13: Give the provider the member's dental history

Step 14: End Call

- a. Resolve provider's question
- b. Say thank you
- c. Disconnect call

Forms/Reports:

N/A

RFP References:

6.4.2.3.b

Interfaces:

OnBase

MMIS

Providers

Attachments:

Process Map

